

## ATTACHMENT E

### ORTHOTIC SOFT GOODS AND PROSTHETIC SUPPLIES

#### MINIMUM TECHNICAL REQUIREMENTS

**ORTHOTIC SOFTGOODS: CLINs 0001 through 0028**

**COMPRESSION STOCKINGS: CLINs 0029 through 0033**

**COMPRESSION SHRINKER: CLINS 0040 through 0042**

**PROSTHETIC SOCKS: CLIN 0034 through 0037 and 0043 and 0044**

**PROSTHETIC SHEATH: CLIN 0038 through 0039**

#### CLIN DESCRIPTION

##### **0001 ELASTIC PULL-ON ANKLE ORTHOSES WITH GEL MALLEOLI SUPPORT (L1902)**

#### Indications:

- Stabilizes the ankle muscles and joints for healing and pain relief following injury or surgery
- Mild ankle sprains
- Mild instabilities
- Ankle arthritis
- Ankle pain
- Ankle swelling

#### CLIN DESCRIPTION

##### **0001 ELASTIC PULL-ON ANKLE ORTHOSES WITH GEL MALLEOLI SUPPORT (L1902)**

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"><li>• Both right and left</li></ul>
<ul style="list-style-type: none"><li>• Two-way stretch, Compression Reduced Along Distal &amp; Proximal Edges of Brace</li></ul>
<ul style="list-style-type: none"><li>• Minimum 1/8" gel pads sandwiched between fabric, positioned behind each malleoli for malleolar relief</li></ul>
<ul style="list-style-type: none"><li>• Breathable, elastic fabric, (latex free)</li></ul>
<ul style="list-style-type: none"><li>• Sizes range from:<ul style="list-style-type: none"><li>• XS</li><li>• S</li></ul></li></ul>

- M
- L
- XL
- OR EQUIVALENT SIZES

## CLIN DESCRIPTION

### 0002 HEEL OFF-LOADING SHOE (A9283)

Indications:

- Reduce weight bearing pressure on the heel postoperatively, post-trauma or when heel wounds or ulcerations are present.

## CLIN DESCRIPTION

### 0002 HEEL OFF-LOADING SHOE (A9283)

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"> <li>• Fits right or left</li> </ul>
<ul style="list-style-type: none"> <li>• Black breathable Fabric Upper</li> </ul>
<ul style="list-style-type: none"> <li>• Minimum of two (2) removable inner soles 8 mm or greater</li> <li>• Top layer of shoe should be lightweight, non-toxic, odorless, nonabsorbent, washable, able to be disinfected and wiped clean and resilient</li> </ul>
<ul style="list-style-type: none"> <li>• Hook &amp; Loop Closures at instep &amp; Forefoot</li> </ul>
<ul style="list-style-type: none"> <li>• Surgical Opening</li> </ul>
<ul style="list-style-type: none"> <li>• Wedge Sole (Plantarflexion) with good plantar traction</li> </ul>
<ul style="list-style-type: none"> <li>• Range Fits: <ul style="list-style-type: none"> <li>• Women's Extra Small (XS) - US Shoe Size 4 - 7</li> <li>• Women's Small (S) - US Shoe Size 7.5 – 10</li> <li>• Women's Medium (M) - US Shoe Size 10.5 – 13</li> <li>• Men's S - US Shoe Size 6-8</li> <li>• Men's M - US Shoe Size 8.5 – 10</li> <li>• Men's L - US Shoe Size 10.5 – 12</li> <li>• Men's Extra Large (XL) - US Shoe Size 12.5 – 14</li> <li>• OR EQUIVALENT SIZES</li> </ul> </li> </ul>

## CLIN DESCRIPTION

### 0003 GEL HEEL CUPS (L3170)

Indications:

- Heel Spur
- Heel Pain
- Bursitis
- Achilles

#### **CLIN DESCRIPTION**

##### **0003 GEL HEEL CUPS (L3170)**

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"> <li>• Medical Grade Silicone(Hypoallergenic)</li> </ul>
<ul style="list-style-type: none"> <li>• Sold in Pairs</li> </ul>
<ul style="list-style-type: none"> <li>• Sizes:               <ul style="list-style-type: none"> <li>• Medium</li> <li>• Large</li> <li>• Extra-Large</li> <li>• OR EQUIVALENT SIZES</li> </ul> </li> </ul>

#### **CLIN DESCRIPTION**

##### **0004 HEEL/ELBOW PADS (E0191)**

###### **Indications:**

- Provides pressure relief for ulcerations at heel or elbow
- Protects against excessive pressure or contusion to heel or elbow

#### **CLIN DESCRIPTION**

##### **0004 HEEL/ELBOW PADS (E0191)**

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"> <li>• Pressure relief provided through elastomer gel or equivalent</li> </ul>
<ul style="list-style-type: none"> <li>• Breathable elastic, latex-free material that is machine washable</li> </ul>
<ul style="list-style-type: none"> <li>• Sleeve-type design to ensure proportional fit, minimizing migration</li> </ul>
<ul style="list-style-type: none"> <li>• Sold in pairs</li> </ul>
<ul style="list-style-type: none"> <li>• Minimum range of sizes to include:               <ul style="list-style-type: none"> <li>• Medium (M)</li> <li>• Large (L)</li> <li>• Extra Large (XL)</li> <li>• OR EQUIVALENT SIZES</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Universal for both heel and elbow</li> </ul>

## CLIN DESCRIPTION

### 0005 FOREFOOT OFF-LOADING SHOE (A9283)

#### Indications:

- Reduce weight bearing pressure on the forefoot post operatively, post-trauma or when forefoot wounds or ulcerations are present

## CLIN DESCRIPTION

### 0005 FOREFOOT OFF-LOADING SHOE (A9283)

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"><li>• Fits Left or Right</li></ul>
<ul style="list-style-type: none"><li>• Black Breathable Fabric Upper</li></ul>
<ul style="list-style-type: none"><li>• Minimum Two Removable inner soles 8 mm or greater</li><li>• Top layer of shoe should be lightweight, non-toxic, odorless, nonabsorbent, washable, able to be disinfected and wiped clean and resilient</li></ul>
<ul style="list-style-type: none"><li>• Hook &amp; Loop Closures at instep &amp; forefoot</li></ul>
<ul style="list-style-type: none"><li>• Wedge Sole (Dorsiflexion) with good plantar traction</li></ul>
<ul style="list-style-type: none"><li>• Range Fits:<ul style="list-style-type: none"><li>• Women's Extra Small (XS) - US Shoe Size 4 - 7</li><li>• Women's Small (S) - US Shoe Size 7.5 – 10</li><li>• Women's Medium (M) - US Shoe Size 10.5 – 13</li><li>• Men's S - US Shoe Size 6-8</li><li>• Men's M - US Shoe Size 8.5 – 10</li><li>• Men's L - US Shoe Size 10.5 – 12</li><li>• Men's Extra Large (XL) - US Shoe Size 12.5 – 14</li><li>• OR EQUIVALENT SIZES</li></ul></li></ul>

## CLIN DESCRIPTION

### 0006 KNEE IMMOBILIZER (L1830)

#### Indications:

- Post-Op or Post-Injury knee immobilization for mild to severe knee injuries when full knee extension is desired

## CLIN DESCRIPTION

**0006    KNEE IMMOBILIZER (L1830)**

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"><li>• Universal Tri-panel</li></ul>
<ul style="list-style-type: none"><li>• Hook &amp; Loop Closures</li><li>• Minimum 4 Straps<ul style="list-style-type: none"><li>• Minimum 2 straps (1½” or 2” width) proximal to the knee</li><li>• Minimum 2 straps (1½” or 2” width) distal to the knee</li></ul></li><li>• Elastic strap providing compressive force to patella-minimum 1” width</li></ul>
<ul style="list-style-type: none"><li>• Malleable medial, lateral and posterior stays</li></ul>
<ul style="list-style-type: none"><li>• No sharp edges</li></ul>
<ul style="list-style-type: none"><li>• Non-Latex open celled foam</li></ul>
<ul style="list-style-type: none"><li>• Provide a range of sizes to include the following sizes:<ul style="list-style-type: none"><li>• 16” Length</li><li>• 18” Length</li><li>• 20” Length</li><li>• 24” Length</li><li>• OR EQUIVALENT SIZES</li></ul></li></ul>

**CLIN    DESCRIPTION****0007    LUMBAR-SACRAL ORTHOSIS (L0626)****Indications:**

- Low back pain/strain
- Lumbar disc injury
- Post-operative discectomy/fusion(L1-5)
- Disc herniation and degeneration
- Spondylolisthesis
- Spondylolysis

**CLIN    DESCRIPTION****0007    LUMBAR-SACRAL ORTHOSES (L0626)**

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"><li>• Breathable fabric (Latex Free)</li></ul>
<ul style="list-style-type: none"><li>• Universal sizing – Adjustable to fit a waist circumference range from at least 28” – 60”</li></ul>
<ul style="list-style-type: none"><li>• Low Profile, Minimum L1 to L5</li></ul>
<ul style="list-style-type: none"><li>• Hook &amp; loop closure</li></ul>
<ul style="list-style-type: none"><li>• Single or double pulley system (or similar) for abdominal cavity compression</li></ul>
<ul style="list-style-type: none"><li>• Semi-rigid posterior panel or stays</li></ul>

## CLIN DESCRIPTION

### 0008 SURGICAL SHOE (L3260)

#### Indications:

- Post-op or healing shoe that provides the foot with solid protection and will accommodate bulky bandages

## CLIN DESCRIPTION

### 0008 SURGICAL SHOE (L3260)

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"><li>• Rocker bottom sole</li></ul>
<ul style="list-style-type: none"><li>• Hook &amp; Loop closure, two straps minimum - one strap at in-step; one strap at forefoot</li></ul>
<ul style="list-style-type: none"><li>• Tongue attached</li></ul>
<ul style="list-style-type: none"><li>• Top layer of shoe should be lightweight, non-toxic, odorless, nonabsorbent, washable, able to be disinfected and wiped clean and resilient</li></ul>
<ul style="list-style-type: none"><li>• Minimum of one (1) removable inner sole of at least ¼ "thickness</li></ul>
<ul style="list-style-type: none"><li>• Black</li></ul>
<ul style="list-style-type: none"><li>• Range Fits:<ul style="list-style-type: none"><li>• Women's Extra Small (XS) - US Shoe Size 4 - 7</li><li>• Women's Small (S) - US Shoe Size 7.5 – 10</li><li>• Women's Medium (M) - US Shoe Size 10.5 – 13</li><li>• Men's S - US Shoe Size 6-8</li><li>• Men's M - US Shoe Size 8.5 – 10</li><li>• Men's L - US Shoe Size 10.5 – 12</li><li>• Men's Extra Large (XL) - US Shoe Size 12.5 – 14</li></ul></li></ul>
<ul style="list-style-type: none"><li>• OR EQUIVALENT SIZES</li></ul>
<ul style="list-style-type: none"><li>• Breathable upper</li></ul>

## CLIN DESCRIPTION

### 0009 TENNIS ELBOW SUPPORT (A4467)

#### Indications:

- Medial or Lateral epicondylitis

## CLIN DESCRIPTION

**0009    TENNIS ELBOW SUPPORT (A4467)**

Minimum Technical Requirements: Item must have all of the below features.
• Universal Sizing - adjustable to fit at least 9”– 16” forearm circumference
• Hook & Loop Closure – counter pull strap with tongue
• Strap width – minimum 1”
• Bolster width – minimum 2”
• Padded Foam or Gel Pressure Pad (non-pneumatic)
• Breathable (Latex Free)

**CLIN   DESCRIPTION****0010    SEMI RIGID CERVICAL ORTHOSIS (L0172)**

## Indications:

- Post-operative care
- Severe spinal arthritis
- severe cervical syndrome
- slipped cervical discs
- Stable cervical fractures

**CLIN   DESCRIPTION****0010    SEMI RIGID CERVICAL ORTHOSIS (L0172)**

Minimum Technical Requirements: Item must have all of the below features.
• Universal Sizing – Circumference & height adjustments
• Hook & Loop Closure (both sides)
• Anterior and Posterior Sections
• Adequate Tracheal Access
• Semi-rigid thermoplastic with removable & replaceable, washable, soft-lined padding.

**CLIN   DESCRIPTION****0011    KNEE ORTHOSIS - Slip-on, open patella, supra-patella and infra-patella circumferential hook and loop straps. (A4467)**

## Indications:

- For swollen or tender knee resulting from sprains, strains, sports injuries, arthritis, chondromalacia, patellar tracking abnormalities and tendonitis or post-operative rehabilitation.

**CLIN   DESCRIPTION**

**0011    KNEE ORTHOSIS (A4467)**

Minimum Technical Requirements: Item must have all of the below features.	
• Design: Slip on (pull-up),	
• Size Range:	
• Multiple Sizes that fit all knee circumferences from at least 12” to 24”in 2 inch increments	
• 12” – 13”	
• 13” – 14”	
• 14” – 15”	
• 15” – 16”	
• 16” – 17”	
• 17” – 18”	
• 18” – 19”	
• 19” – 20”	
• 20” – 21”	
• 21” – 22”	
• 22” – 23”	
• 23” – 24”	
• OR EQUIVALENT SIZES	
• Length: Minimum 12”	
• Flexible Medial/lateral stays	
• Closure: two circumferential, Hook & Loop Closure (One – suprapatella, One- infrapatella)	
• Material: *Drytex®, *Kooflex® or equal (no latex)	
• Fits Left or Right	
• Removable Patella Stabilizing Pad	
• Open patella	

**\*Salient Characteristics for Drytex®:** Constructed of a nylon core and polyester/lycra fabric, breathable, provides compression, hypoallergenic and able to draw moisture away from the skin.

**\*Salient Characteristics for Kooflex®:** Constructed of a polyester/nylon core with a polyester spandex outer cover. Breathable, has good stretch and memory and able to draw moisture away from the skin.

If an equivalent product is being offered, documentation that demonstrates that Drytex® or Kooflex® meet the salient characteristics, as shown above (CLIN 0019), must be included with the technical proposal (See Section E.6 of the solicitation “Instruction for Submission of Proposals”).

**CLIN    DESCRIPTION****0012    KNEE ORTHOSIS-Wraparound design with joints with popliteal relief (L1810)**

Indications:

- Mild ACL injuries and instabilities
- PCL injuries and instabilities



- MCL injuries and instabilities
- CL injuries and instabilities
- Meniscus injuries
- Mild OA

## CLIN DESCRIPTION

### 0012 KNEE ORTHOSIS (L1810)

Minimum Technical Requirements: Item must have all of the below features.	
• Design: Wraparound design with knee aluminum joints with popliteal relief	
• Size Range:	
• Multiple Sizes that fit all knee circumferences from at least 12” to 24” in 2 inch increments	
• 12” – 13”	
• 13” – 14”	
• 14” – 15”	
• 15” – 16”	
• 16” – 17”	
• 17” – 18”	
• 18” – 19”	
• 19” – 20”	
• 20” – 21”	
• 21” – 22”	
• 22” – 23”	
• 23” – 24”	
• OR EQUIVALENT SIZES	
• Length: Minimum 12”	
• Closure: Anterior Hook & Loop Closure, with two circumferential Hook & Loop Closure straps (one – supra-patella, one – infrapatella)	
• Material: *Drytex®, *Kooflex® or equal material, (no Latex)	
• Knee Joints: single axis and/or polycentric, aluminum	
• Fits Left or Right	

**\*Salient Characteristics for Drytex®:** Constructed of a nylon core and polyester/lycra fabric, breathable, provides compression, hypoallergenic and able to draw moisture away from the skin.

**\*Salient Characteristics for Kooflex®:** Constructed of a polyester/nylon core with a polyester spandex outer cover. Breathable, has good stretch and memory and able to draw moisture away from the skin.

If an equivalent product is being offered, documentation that demonstrates that Drytex® or Kooflex® meet the salient characteristics, as shown above (CLIN 0012), must be included with the technical proposal (See Section E.6 of the solicitation “Instruction for Submission of Proposals”).

## CLIN DESCRIPTION

**0013 KNEE ORTHOSIS - Slip-on design with buttress for patellar tracking, with or without stays(A4467)**

**Indications:**

- Patellofemoral pain syndrome
- Arthritis
- Patella subluxation
- Patellar tendonitis
- Osgood-Schlatter disease.

**CLIN DESCRIPTION**

**0013 KNEE ORTHOSIS (A4467)**

Minimum Technical Requirements: Item must have all of the below features.	
• Design: Slip on (pull up) with or without medial and lateral stays	
• Size Range:	
• Multiple Sizes that fit all knee circumferences from at least 12" to 24" in 2-inch increments	
• 12" – 13"	
• 13" – 14"	
• 14" – 15"	
• 15" – 16"	
• 16" – 17"	
• 17" – 18"	
• 18" – 19"	
• 19" – 20"	
• 20" – 21"	
• 21" – 22"	
• 22" – 23"	
• 23" – 24"	
• OR EQUIVALENT SIZES	
• Length: Minimum 12"	
• Patellar buttress made of elastomeric gel or foam rubber	
• Material: *Drytex®, *Kooflex® or equal material, (no Latex)	
• Adjustable tension straps to control patellar tracking	
• Side: Fits Left or Right	

**\*Salient Characteristics for Drytex®:** Constructed of a nylon core and polyester/lycra fabric, breathable, provides compression, hypoallergenic and able to draw moisture away from the skin.

**\*Salient Characteristics for Kooflex®:** Constructed of a polyester/nylon core with a polyester spandex outer cover. Breathable, has good stretch and memory and able to draw moisture away from the skin.

If an equivalent product is being offered, documentation that demonstrates that Drytex® or Koolflex® meet the salient characteristics, as shown above (CLIN 0013), must be included with the technical proposal (See Section E.6 of the solicitation “Instruction for Submission of Proposals”).

#### CLIN DESCRIPTION

##### 0014 KNEE ORTHOSIS - open patella, slip-on (A4467)

Indications:

- For swollen or tender knee resulting from sprains, strains, sports injuries, arthritis, chondromalacia, patellar tracking abnormalities and tendonitis or post-operative rehabilitation.

#### CLIN DESCRIPTION

##### 0014 KNEE ORTHOSIS (A4467)

Minimum Technical Requirements: Item must have all of the below features.	
• Design: Slip on- open patella	
• Size Range:	
• Multiple Sizes that fit all knee circumferences from at least 12” to 24”in 2-inch increments	
• 12” – 13”	
• 13” – 14”	
• 14” – 15”	
• 15” – 16”	
• 16” – 17”	
• 17” – 18”	
• 18” – 19”	
• 19” – 20”	
• 20” – 21”	
• 21” – 22”	
• 22” – 23”	
• 23” – 24”	
• OR EQUIVALENT SIZES	
• Length: Minimum 12”	
• Closure: no straps	
• Material: *Koolflex®, *Drytex® or equal material, no latex	
• With spiral flexible stays, (no Latex)	
• Side: Fits Left or Right	

**\*Salient Characteristics for Drytex®:** Constructed of a nylon core and polyester/lycra fabric, breathable, provides compression, hypoallergenic and able to draw moisture away from the skin.

**\*Salient Characteristics for Kooflex®:** Constructed of a polyester/nylon core with a polyester spandex outer cover. Breathable, has good stretch and memory and able to draw moisture away from the skin.

If an equivalent product is being offered, documentation that demonstrates that Drytex® or Kooflex® meet the salient characteristics, as shown above (CLIN 0014), must be included with the technical proposal (See Section E.6 of the solicitation “Instruction for Submission of Proposals”).

## **CLIN DESCRIPTION**

### **0015 ANKLE ORTHOSIS (L4350)**

Indications:

- Acute ankle injury (ankle sprains/strains)
- Chronic ankle instability

## **CLIN DESCRIPTION**

### **0015 ANKLE ORTHOSIS–(L4350)**

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"><li>• Stirrup design</li></ul>
<ul style="list-style-type: none"><li>• Size: N/A</li></ul>
<ul style="list-style-type: none"><li>• Length: N/A</li></ul>
<ul style="list-style-type: none"><li>• Hook &amp; Loop Closure that is reinforced and securely attached to plastic facilitating multiple donning and doffing</li></ul>
<ul style="list-style-type: none"><li>• Removable gel or pneumatic padding material within a plastic shell adhered with Hook &amp; Loop closure</li></ul>
<ul style="list-style-type: none"><li>• Adjustability:<ul style="list-style-type: none"><li>○ Medial/Lateral width of heel</li><li>○ Circumferentially around ankle</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Height: Minimum 6”</li></ul>
<ul style="list-style-type: none"><li>• Universal</li></ul>

## **CLIN DESCRIPTION**

### **0016 ANKLE FOOT ORTHOSIS GAUNTLET (L1902)**

Indications:

- Chronic ankle instability
- Talocalcaneal Varus or valgus

- Severe pes planus
- Ankle arthritis
- Tarsal tunnel syndrome
- Non-operative management of certain cases of Charcot breakdown and degenerative joint disease (DJD) of the hind foot and ankle

## CLIN DESCRIPTION

### 0016 ANKLE FOOT ORTHOSIS GAUNTLET (L1902)

Minimum Technical Requirements: Item must have all of the below features.	
• Design: Gauntlet- multi-ligamentus	
• Size Range:	
• Multiple Sizes that an instep to heel circumference measurement range from 10" to 16" plus	
• 10" – 11"	
• 11" – 12"	
• 12" – 13"	
• 13" – 14"	
• 14" – 15"	
• 15" – 16"	
• 16" plus	
• OR EQUIVALENT SIZES	
• Length: Minimum 10"	
• Closure: Circumferential or wraparound design (Hook & Loop Closure, or straps or lace-up)	
• Material: Non-stretch nylon, coutil or equivalent	
• Special Features: Medial/Lateral stays, Closed or open heel	
• Side: Fits Left or Right:	

## CLIN DESCRIPTION

### 0017 STATIC ANKLE FOOT ORTHOSIS - Multipodus type (L4396)

Indications:

- Foot Drop, Prevention of foot ulcers, Foot contractures, Deformities of the foot and Positional support

## CLIN DESCRIPTION

### 0017 STATIC ANKLE FOOT ORTHOSIS - Multipodus type (L4396)

Minimum Technical Requirements: Item must have all of the below features.	
• Design: Multipodus posterior heel relief type	
• Size Range:	

<ul style="list-style-type: none"> <li>• S</li> <li>• M</li> <li>• L</li> <li>• XL</li> <li>• OR EQUIVALENT SIZES</li> </ul>
• Length: N/A
• Closure: Hook & Loop Closure (calf, instep, and forefoot straps)
• Material: Nylon or equivalent fabric with lamb's wool, synthetic wool or equivalent material, washable, replaceable and removable
• Height: Minimum 12"
• Aluminum or plastic posterior upright
• Integrated non-slip footplate for ambulation, toe-extension and anti-rotational bar
• Side: Universal

#### CLIN DESCRIPTION

#### **0018 NIGHT SPLINT- Plantar surface design, closed cell foam, dorsi-assist adjustable hook and loop straps (L4396)**

Indications:

- Plantar Fasciitis
- Achilles Tendonitis

#### CLIN DESCRIPTION

#### **0018 NIGHT SPLINT (L4396)**

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"> <li>• Design: Non-ambulatory splint</li> </ul>
<ul style="list-style-type: none"> <li>• Size Range: <ul style="list-style-type: none"> <li>• M</li> <li>• L</li> <li>• XL</li> <li>• OR EQUIVALENT SIZES</li> </ul> </li> </ul>
• Length: Full - foot length
• Closure: Hook & Loop Closures - calf, instep and forefoot straps
• Material: Nylon or equivalent fabric with lamb's wool, synthetic wool or equivalent material, washable, replaceable and removable
• Height: Maximum 16"
• Semi-rigid frame with non-slip plantar sole
• Side: fits right or left

#### CLIN DESCRIPTION

**0019 HAND FINGER ORTHOSIS - Thumb Spica; HFO without joints(L3923)**

Thumb Spica; HFO without joints

Indications:

- deQuervain's syndrome
- Sprains
- Strains
- Carpal tunnel syndrome
- Gamekeeper's thumb
- Scaphoid injuries

**CLIN DESCRIPTION**

**0019 HAND FINGER ORTHOSIS (L3923)**

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"><li>• Design: Thumb Spica</li></ul>
<ul style="list-style-type: none"><li>• Size Range:<ul style="list-style-type: none"><li>• Multiple Sizes that fit a wrist circumference measurement range from 5" to 12"</li><li>• 5" – 6"</li><li>• 6" – 7"</li><li>• 7" – 8"</li><li>• 8" – 9"</li><li>• 9" – 10"</li><li>• 10<sup>1/2</sup>" – 12"</li><li>• OR EQUIVALENT SIZES</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Closure: Hook &amp; Loop Closure</li></ul>
<ul style="list-style-type: none"><li>• Material: *Drytex®, *Kooflex® or equal (no latex)</li></ul>
<ul style="list-style-type: none"><li>• Thumb, Palmer and Dorsal stays that are Removable/Malleable</li></ul>
<ul style="list-style-type: none"><li>• Allows full ROM of digits 2-5</li></ul>
<ul style="list-style-type: none"><li>• Sides: must have both sides in various sizes<ul style="list-style-type: none"><li>• Right</li><li>• Left</li></ul></li></ul>

**\*Salient Characteristics for Drytex®:** Constructed of a nylon core and polyester/lycra fabric, breathable, provides compression, hypoallergenic and able to draw moisture away from the skin.

**\*Salient Characteristics for Kooflex®:** Constructed of a polyester/nylon core with a polyester spandex outer cover. Breathable, has good stretch and memory and able to draw moisture away from the skin.

If an equivalent product is being offered, documentation that demonstrates that Drytex® or Kooflex® meet the salient characteristics, as shown above (CLIN 0019), must be included with the technical proposal (See Section E.6 of the solicitation "Instruction for Submission of Proposals").

## CLIN DESCRIPTION

### 0020 WRIST HAND ORTHOSIS - Wrist extension control cock-up (L3908)

#### Indications:

- Wrist Sprains and Strains
- Wrist Fractures
- Post-Cast
- Carpal Tunnel Syndrome
- Night Splinting.

## CLIN DESCRIPTION

### 0020 WRIST HAND ORTHOSIS (L3908)

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"><li>• Design: wrist extension control cock-up, non-molded, prefabricated.</li></ul>
<ul style="list-style-type: none"><li>• Size Range:<ul style="list-style-type: none"><li>• Multiple Sizes that fit a wrist circumference measurements range from 5" to 12"</li><li>• 5" – 6"</li><li>• 6" – 7"</li><li>• 7" – 8"</li><li>• 8" – 9"</li><li>• 9" – 10"</li><li>• 10<sup>1/2</sup>" – 12"</li><li>• OR EQUIVALENT SIZES</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Length: 9"</li></ul>
<ul style="list-style-type: none"><li>• Closure: Hook &amp; Loop Closure and/or lace-up</li></ul>
<ul style="list-style-type: none"><li>• Material: *Drytex®, *Kooflex® or equal (no latex) Elastic, padded web area</li></ul>
<ul style="list-style-type: none"><li>• Palmer and Dorsal stays Removable / Malleable</li></ul>
<ul style="list-style-type: none"><li>• Sides:<ul style="list-style-type: none"><li>• Right</li><li>• Left</li></ul></li></ul>

**\*Salient Characteristics for Drytex®:** Constructed of a nylon core and polyester/lycra fabric, breathable, provides compression, hypoallergenic and able to draw moisture away from the skin.

**\*Salient Characteristics for Kooflex®:** Constructed of a polyester/nylon core with a polyester spandex outer cover. Breathable, has good stretch and memory and able to draw moisture away from the skin.



If an equivalent product is being offered, documentation that demonstrates that Drytex® or Koolflex® meet the salient characteristics, as shown above (CLIN 0020), must be included with the technical proposal (See Section E.6 of the solicitation “Instruction for Submission of Proposals”).

## CLIN DESCRIPTION

### 0021 LUMBOSACRAL ORTHOSIS - Without posterior insert(L0628)

Indications:

- Lower back pain
- Post-operative care
- Facet Syndrome
- Muscle spasms.

## CLIN DESCRIPTION

### 0021 LUMBOSACRAL ORTHOSIS (L0628)

Minimum Technical Requirements: Item must have all of the below features.	
• Design: Lumbar-sacral orthosis	
• Size Range:	
• Multiple Sizes that fit a waist circumference measurement range from 22” to 62”	
• 22” – 26”	
• 26” – 30”	
• 30” – 34”	
• 34” – 38”	
• 38” – 42”	
• 42” – 46”	
• 46” – 50”	
• 50” – 54”	
• 54” – 58”	
• 58” – 62”	
• OR EQUIVALENT SIZES	
• Length: extends from sacrococcygeal junction to T-9 vertebrae)	
• Closure: Hook & Loop Closure (adjustable side pull straps)	
• Material: Drytex®, Koolflex® or equal (no latex)	
• Support: Intra-abdominal support and posterior stays ,Without posterior insert	

**\*Salient Characteristics for Drytex®:** Constructed of a nylon core and polyester/lycra fabric, breathable, provides compression, hypoallergenic and able to draw moisture away from the skin.

**\*Salient Characteristics for Koolflex®:** Constructed of a polyester/nylon core with a polyester spandex outer cover. Breathable, has good stretch and memory and able to draw moisture away from the skin.

If an equivalent product is being offered, documentation that demonstrates that Drytex® or Koolflex® meet the salient characteristics, as shown above (CLIN 0021), must be included with the technical proposal (See Section E.6 of the solicitation “Instruction for Submission of Proposals”).

## CLIN DESCRIPTION

### **0022 LUMBAR SACRAL ORTHOSIS - Anterior-posterior control, with rigid or semi-rigid posterior panel(L0630)**

Indications:

- Lower back pain
- Post-operative care
- Facet Syndrome
- Muscle spasms.
- 

## CLIN DESCRIPTION

### **0022 LUMBAR SACRAL ORTHOSIS (L0630)**

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"><li>• Design: Lumbar sacral orthosis with rigid posterior panel</li></ul>
<ul style="list-style-type: none"><li>• Size Range:<ul style="list-style-type: none"><li>• Multiple Sizes that fit a waist circumference measurement range from 22” to 62”</li><li>• 22” – 26”</li><li>• 26” – 30”</li><li>• 30” – 34”</li><li>• 34” – 38”</li><li>• 38” – 42”</li><li>• 42” – 46”</li><li>• 46” – 50”</li><li>• 50” – 54”</li><li>• 54” – 58”</li><li>• 58” – 62”</li><li>• OR EQUIVALENT SIZES</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Length: extends from sacro-coccygeal junction to T-9 vertebrae)</li></ul>
<ul style="list-style-type: none"><li>• Closure: Hook &amp; Loop Closure (adjustable side pull straps)</li></ul>
<ul style="list-style-type: none"><li>• Material: Drytex®, Koolflex® or equal material (no Latex)</li></ul>
<ul style="list-style-type: none"><li>• Posterior Panel: Low temperature thermoplastic posterior panel with fabric covering, formable</li></ul>

**\*Salient Characteristics for Drytex®:** Constructed of a nylon core and polyester/lycra fabric, breathable, provides compression, hypoallergenic and able to draw moisture away from the skin.

**\*Salient Characteristics for Koolflex®:** Constructed of a polyester/nylon core with a polyester spandex outer cover. Breathable, has good stretch and memory and able to draw moisture away from the skin.

If an equivalent product is being offered, documentation that demonstrates that Drytex® or Koolflex® meet the salient characteristics, as shown above (CLIN 0022), must be included with the technical proposal (See Section E.6 of the solicitation “Instruction for Submission of Proposals”).

## CLIN DESCRIPTION

### 0023 Abdominal Binder (L0628)

Indications:

- Lower back pain
- Control pendulous abdomen
- Muscle spasms

## CLIN DESCRIPTION

### 0023 Abdominal Binder (L0628)

Minimum Technical Requirements: Item must have all of the below features.

- Design: abdominal binder, elastic wraparound
- Size Range Fits:
- Multiple sizes that fit a waist circumference range from 22” – 72”
  - 20” – 24”
  - 24” – 30”
  - 30” – 36”
  - 36” – 42”
  - 42” – 48”
  - 48” – 54”
  - 54” – 60”
  - 60” – 66”
  - 66” – 72”
  - OR EQUIVALENT SIZES
- Length: extends from sacral-coccygeal junction to Thoracic vertebrae)
- Closure: Hook & Loop Closure
- Material: Lined elastic (No latex)
- Support: Intra-abdominal support, may include support stays

- Height:
  - 8"
  - 10"
  - 12"
  - OR EQUIVALENT SIZES

DRAFT

## CLIN DESCRIPTION

### 0024 Non-PNEUMATIC WALKING SPLINT - Cam-walker type; non-hinged boot(L4386)

#### Indications:

- Alternative to casting for fracture of the mid-tibia or fibula to mid-foot area
- Second and third-degree ankle sprains.

## CLIN DESCRIPTION

### 0024 Non-PNEUMATIC WALKING SPLINT (L4386)

Minimum Technical Requirements: Item must have all of the below features and sizes.
<ul style="list-style-type: none"><li>• Design: Cam-Walker, non-hinged, non-pneumatic type</li></ul>
<ul style="list-style-type: none"><li>• Size Range:<ul style="list-style-type: none"><li>• M</li><li>• L</li><li>• XL</li><li>• OR EQUIVALENT SIZES</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Length: Full foot length</li></ul>
<ul style="list-style-type: none"><li>• Closure: Hook &amp; Loop Closure - calf, instep and forefoot straps</li></ul>
<ul style="list-style-type: none"><li>• Material:<ul style="list-style-type: none"><li>• Open celled foam or equivalent (no latex)</li><li>• Must be removable and replaceable</li><li>• Must have replacement liners available</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Height- Both Small and Tall versions are required<ul style="list-style-type: none"><li>• Short</li><li>• Tall</li><li>• Offerors must include literature and samples for both short and tall versions</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Uprights: Non-hinged</li></ul>
<ul style="list-style-type: none"><li>• Rocker bottom non-skid sole</li></ul>
<ul style="list-style-type: none"><li>• Extra pads to adjust fit</li></ul>
<ul style="list-style-type: none"><li>• Universal – must fit both Right and Left sides</li></ul>

## CLIN DESCRIPTION

### 0025 PNEUMATIC WALKING SPLINT - Cam walker type; non-hinged(L4360)

#### Indications:

- Foot/Ankle protection
- Stable fracture of foot/ankle
- Severe ankle sprain (grade III)
- Post-op immobilization

**CLIN DESCRIPTION****0025 PNEUMATIC WALKING SPLINT (L4360)**

Minimum Technical Requirements: Item must have all of the below features, and sizes.
<ul style="list-style-type: none"><li>• Design: Cam Walker, non-hinged, pneumatic type</li></ul>
<ul style="list-style-type: none"><li>• Size:<ul style="list-style-type: none"><li>• M</li><li>• L</li><li>• XL</li><li>• OR EQUIVALENT SIZES</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Length: Full foot length</li></ul>
<ul style="list-style-type: none"><li>• Closure: Hook and loop with circumferential closure straps</li></ul>
<ul style="list-style-type: none"><li>• Material: Open cell foam or equivalent (no latex), must be removable, and replaceable (must have replacement liners available)</li></ul>
<ul style="list-style-type: none"><li>• Height- Both Small and Tall versions are required<ul style="list-style-type: none"><li>• Short</li><li>• Tall</li><li>• Offerors must include literature and samples for both short and tall versions</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Uprights: Non-hinged</li></ul>
<ul style="list-style-type: none"><li>• Rocker bottom non-skid sole</li></ul>
<ul style="list-style-type: none"><li>• Extra pads to adjust fit</li></ul>
<ul style="list-style-type: none"><li>• Pneumatic</li></ul>
<ul style="list-style-type: none"><li>• Universal - must fit both Right and left sides</li></ul>

**CLIN DESCRIPTION****0026 CERVICAL COLLAR (L0120)**

## Indications:

- Neck Extension Injuries (Whiplash)
- Cervical Spondylitis
- Cervical Spondylosis
- R/A & O/A Cervical Spine
- Herniated Cervical Disc

**CLIN DESCRIPTION****0026 CERVICAL COLLAR (L0120)**

Minimum Technical Requirements: Item must have all of the below features, and sizes.
<ul style="list-style-type: none"><li>• Design: Soft foam design.</li></ul>
<ul style="list-style-type: none"><li>• Size: Universal</li></ul>

<ul style="list-style-type: none"> <li>Length: N/A</li> </ul>
<ul style="list-style-type: none"> <li>Closure: <ul style="list-style-type: none"> <li>Hook and loop</li> <li>Minimal length of strap should be 6 inches for adjustability</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Material: <ul style="list-style-type: none"> <li>Medium density foam</li> <li>Contoured shape</li> <li>Soft tubular stockinet covering</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Height: <ul style="list-style-type: none"> <li>2 ½ inches</li> <li>3 inches</li> </ul> </li> </ul>

## CLIN DESCRIPTIONANKLE FOOT ORTHOSIS

### 0027 ANKLE FOOT ORTHOSIS (L1932)

Carbon Fiber prefabricated; rigid anterior tibial section

Indications:

- Any weakness or deformity of the foot and ankle which requires stabilization, support or correction
- Dorsi/plantar flexion control, with or without Varus/valgus control

## CLIN DESCRIPTION

### 0027 ANKLE FOOT ORTHOSIS (L1932)

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"> <li>Size: <ul style="list-style-type: none"> <li>S</li> <li>M</li> <li>L</li> <li>XL</li> <li>OR EQUIVALENT SIZES</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Length: N/A</li> </ul>
<ul style="list-style-type: none"> <li>Closure: Hook and loop calf strap</li> </ul>
<ul style="list-style-type: none"> <li>Material: Carbon Fiber</li> </ul>
<ul style="list-style-type: none"> <li>Footplate: Full only</li> </ul>
<ul style="list-style-type: none"> <li>Side: <ul style="list-style-type: none"> <li>Left</li> <li>Right</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Prefabricated</li> </ul>
<ul style="list-style-type: none"> <li>Padded liner included (removable and replaceable)</li> </ul>

## CLIN DESCRIPTION

### **0028 Post-OP ROM KNEE ORTHOSIS- Adjustable locking knee joints, positional Orthosis, rigid support(L1832)**

#### Indications:

- For swollen or tender knee resulting from sprains, strains, sports injuries, ligamentous injuries, arthritis, chondromalacia, patellar tracking abnormalities and tendonitis or post-operative rehabilitation.

## CLIN DESCRIPTION

### **0028 Post-OP ROM KNEE ORTHOSIS (L1832)**

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"><li>• Size:<ul style="list-style-type: none"><li>• Universal (Will accommodate mid-thigh circumference of at least 27" or above)</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Length: Adjustable/telescoping- Minimum 18 1/2" or less; Maximum 27" or more</li></ul>
<ul style="list-style-type: none"><li>• Closure: hook &amp; loop closure with quick release buckles. Must have two straps proximal to knee and two straps distal to knee.</li></ul>
<ul style="list-style-type: none"><li>• Material: Must come in full foam and cool version which has foam only under the straps. Open Cell Foam or equivalent material. No Latex.</li></ul>
<ul style="list-style-type: none"><li>• Knee Joints: Must have the ability to control range of motion in 10 or 15 degree increments with range of: Flexion: 0-105 degrees and extension 15-90 degrees. To be used either locked or with limited motion control. Must have the ability to lock out within these ranges of knee flexion/extension.</li></ul>
<ul style="list-style-type: none"><li>• Side:<ul style="list-style-type: none"><li>• Universal</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Special features: Contourable bars (aluminum)</li></ul>

## CLIN DESCRIPTION

### **0029 COMPRESSION STOCKING - Below the knee with closed toe, 18-30mmHg(A6530)**

#### Indications:

- Minimal edema
- Mild varicosities
- Recovery post-surgery



## CLIN DESCRIPTION

### 0029 COMPRESSION STOCKING (A6530)

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"><li>Type: Below the knee. Non-compressive, non-constrictive proximal end, less than remaining stocking.</li></ul>
<ul style="list-style-type: none"><li>Pressure: approximately 18-30mmHg. Gradient/graduated pressure.</li></ul>
<ul style="list-style-type: none"><li>Size: Must be clearly marked on product<ul style="list-style-type: none"><li>S</li><li>M</li><li>L</li><li>XL</li><li>XXL</li><li>OR EQUIVALENT SIZES</li></ul></li></ul>
<ul style="list-style-type: none"><li>Options<ul style="list-style-type: none"><li>Length to knee - back of the knee to the foot</li><li>Regular – 15<sup>3/4</sup>” and below</li><li>Tall – 16” and above</li><li>Full Calf</li><li>OR EQUIVALENT SIZES</li></ul></li></ul>
<ul style="list-style-type: none"><li>Seams: Non-prominent seams.</li></ul>
<ul style="list-style-type: none"><li>Closure: Compression relieved closed toe</li></ul>
<ul style="list-style-type: none"><li>Material: Acrylic/cotton blend, nylon, (or combination) and at minimum 23% spandex/elastic component (non-latex)</li></ul>
<ul style="list-style-type: none"><li>Colors:<ul style="list-style-type: none"><li>Beige</li><li>White</li><li>Black</li></ul></li></ul>

## CLIN DESCRIPTION

### 0030 COMPRESSION STOCKING- Below the knee with open toe; 18-30mmHg(A6530)

#### Indications:

- Minimal edema
- Mild varicosities
- Recovery post-surgery

## CLIN DESCRIPTION

### 0030 COMPRESSION STOCKING (A6530)

Minimum Technical Requirements: Item must have all of the below features.
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<ul style="list-style-type: none"> <li>Type: Below the knee. Non-compressive, non-constrictive proximal end, less than remaining stocking.</li> </ul>
<ul style="list-style-type: none"> <li>Pressure: 18-30mmHg. Gradient/graduated pressure.</li> </ul>
<ul style="list-style-type: none"> <li>Size: Must be clearly marked on product <ul style="list-style-type: none"> <li>S</li> <li>M</li> <li>L</li> <li>XL</li> <li>XXL</li> <li>OR EQUIVALENT SIZES</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Options <ul style="list-style-type: none"> <li>Length to knee - back of the knee to the foot</li> <li>Regular – 15<sup>3/4</sup>” and below</li> <li>Tall – 16” and above</li> <li>Full Calf</li> <li>OR EQUIVALENT SIZES</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Closure: Open toe.</li> </ul>
<ul style="list-style-type: none"> <li>Material: Acrylic/cotton blend, nylon (or combination) and at minimum 23% spandex/elastic component (non-latex)</li> </ul>
<ul style="list-style-type: none"> <li>Colors: <ul style="list-style-type: none"> <li>Beige</li> <li>White</li> <li>Black</li> </ul> </li> </ul>

#### CLIN DESCRIPTION

##### 0031 COMPRESSION STOCKING - Below the knee with closed toe; 30-40mmHg(A6531)

#### Indications:

- Mild varicosities
- Moderate edema
- Post fracture
- DVT

#### CLIN DESCRIPTION

##### 0031 COMPRESSION STOCKING (A6531)

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"> <li>Type: Below the knee. Non-compressive, non-constrictive proximal end, less than remaining stocking.</li> </ul>
<ul style="list-style-type: none"> <li>Pressure: 30-40mmHg- Gradient/graduated pressure.</li> </ul>
<ul style="list-style-type: none"> <li>Size: Must be clearly marked on product <ul style="list-style-type: none"> <li>S</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>• M</li> <li>• L</li> <li>• XL</li> <li>• XXL</li> <li>• OR EQUIVALENT SIZES</li> </ul>
<ul style="list-style-type: none"> <li>• Options <ul style="list-style-type: none"> <li>• Length to knee - back of the knee to the foot</li> <li>• Regular – 15<sup>3/4</sup>” and below</li> <li>• Tall – 16” and above</li> <li>• Full Calf</li> <li>• OR EQUIVALENT SIZES</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Closure: Compression relieved closed toe</li> </ul>
<ul style="list-style-type: none"> <li>• Material: Acrylic/cotton blend, nylon, (or combination) and at minimum 23% spandex/elastic component (non-latex)</li> </ul>
<ul style="list-style-type: none"> <li>• Colors: <ul style="list-style-type: none"> <li>• Beige</li> <li>• White</li> <li>• Black</li> </ul> </li> </ul>

#### CLIN DESCRIPTION

#### 0032 COMPRESSION STOCKING - Thigh high with closed toe; 18-30mmHg(A6533)

##### Indications:

- Minimal edema
- Mild varicosities
- Recovery post-surgery

#### CLIN DESCRIPTION

#### 0032 COMPRESSION STOCKING (A6533)

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"> <li>• Type: Thigh high with leg band that will keep stockings in place without constriction. Proximal silicone beaded band. Non-compressive, non-constrictive proximal end, less than remaining stocking.</li> </ul>
<ul style="list-style-type: none"> <li>• Pressure: 18-30mmHg - Gradient/graduated pressure.</li> </ul>
<ul style="list-style-type: none"> <li>• Size: Must be clearly marked on product <ul style="list-style-type: none"> <li>• S</li> <li>• M</li> <li>• L</li> <li>• XL</li> <li>• XXL</li> <li>• OR EQUIVALENT SIZES</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Seams: Non-prominent seams.</li> </ul>
<ul style="list-style-type: none"> <li>• Closure: Compression relieved closed toe</li> </ul>

<ul style="list-style-type: none"> <li>Material: Acrylic/cotton blend, nylon, (or combination) and at minimum 23% spandex/elastic component (non-latex)</li> </ul>
<ul style="list-style-type: none"> <li>Colors: <ul style="list-style-type: none"> <li>Beige</li> <li>White</li> <li>Black</li> </ul> </li> </ul>

## CLIN DESCRIPTION

### 0033 COMPRESSION STOCKING - Thigh High with open toe; 18-30mmHg(A6533)

#### Indications:

- Minimal edema
- Mild varicosities
- Recovery post-surgery

## CLIN DESCRIPTION

### 0033 COMPRESSION STOCKING (A6533)

Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"> <li>Type: Thigh high with leg band that will keep stockings in place without constriction, silicone beaded band. Non-compressive, non-constrictive proximal end, less than remaining stocking.</li> </ul>
<ul style="list-style-type: none"> <li>Pressure: 18-30mmHg - Gradient/graduated pressure.</li> </ul>
<ul style="list-style-type: none"> <li>Size: Must be clearly marked on product <ul style="list-style-type: none"> <li>S</li> <li>M</li> <li>L</li> <li>XL</li> <li>XXL</li> <li>OR EQUIVALENT SIZES</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Seams: Non-prominent seams.</li> </ul>
<ul style="list-style-type: none"> <li>Closure: Open toe.</li> </ul>
<ul style="list-style-type: none"> <li>Material: Acrylic/cotton blend, nylon, (or combination) and at minimum 23% elastic component non-latex.</li> </ul>
<ul style="list-style-type: none"> <li>Colors: <ul style="list-style-type: none"> <li>Beige</li> <li>White</li> <li>Black</li> </ul> </li> </ul>

## CLIN DESCRIPTION

### **0034 WOOL PROSTHETIC SOCK WITH SPANDEX/ELASTANE (L8420/L8430)**

Indications:

- Used to maintain fit of transtibial and transfemoral prostheses

## CLIN DESCRIPTION

### **0034 WOOL PROSTHETIC SOCK WITH SPANDEX/ELASTANE (L8420/L8430)**

Draft Minimum Technical Requirements: Item must have all of the below features.	
<ul style="list-style-type: none"><li>• Available in:<ul style="list-style-type: none"><li>• 3 ply thickness</li><li>• 5 ply thickness</li></ul></li></ul>	
<ul style="list-style-type: none"><li>• Available in length range of 8"-16" (2" increments)<ul style="list-style-type: none"><li>• 8"</li><li>• 10"</li><li>• 12"</li><li>• 14"</li><li>• 16"</li><li>• OR SIMILAR LENGTHS</li></ul></li></ul>	
<ul style="list-style-type: none"><li>• Size:<ul style="list-style-type: none"><li>• Narrow Short -(size 0,10-12" length)</li><li>• Narrow Regular -(size 0,14-16" length)</li><li>• Medium Short -(size 1-2, 10-12"length)</li><li>• Medium Regular -size 1-2, 14-16" length)</li><li>• Wide Short -(Size 3-4, 10-12" length)</li><li>• Wide Medium -(Size 3-4, 14-16" length)</li><li>• OR EQUIVALENT SIZES</li></ul></li></ul>	
<ul style="list-style-type: none"><li>• Machine washable</li></ul>	
<ul style="list-style-type: none"><li>• Virgin wool woven with spandex/elastane to provide stretch</li></ul>	

## CLIN DESCRIPTION

### **0035 WOOL PROSTHETIC SOCK WITH SPANDEX/ELASTANE AND HOLE IN TOE FOR SUSPENSION (L8420/L8430)**

Indications:

- Used to maintain fit of transtibial and transfemoral prostheses
- Accommodate for pin on locking liner

## CLIN DESCRIPTION

### **0035 WOOL PROSTHETIC SOCK WITH SPANDEX/ELASTANE AND HOLE IN TOE FOR SUSPENSION (L8420/L8430)**

Draft Minimum Technical Requirements: Item must have all of the below features.	
<ul style="list-style-type: none"><li>• Available in:<ul style="list-style-type: none"><li>• 3 ply thickness</li><li>• 5 ply thickness</li></ul></li></ul>	
<ul style="list-style-type: none"><li>• Available in length range of 8"-16" (2" increments)<ul style="list-style-type: none"><li>• 8"</li><li>• 10"</li><li>• 12"</li><li>• 14"</li><li>• 16"</li><li>• OR SIMILAR LENGTHS</li></ul></li></ul>	
<ul style="list-style-type: none"><li>• Size:<ul style="list-style-type: none"><li>• Narrow Short -(size 0,10-12" length)</li><li>• Narrow Regular -(size 0,14-16" length)</li><li>• Medium Short -(size 1-2, 10-12"length)</li><li>• Medium Regular -size 1-2, 14-16" length)</li><li>• Wide Short -(Size 3-4, 10-12" length)</li><li>• Wide Medium -(Size 3-4, 14-16" length)</li><li>• OR EQUIVALENT SIZES</li></ul></li></ul>	
<ul style="list-style-type: none"><li>• Machine washable</li></ul>	
<ul style="list-style-type: none"><li>• Virgin wool woven with spandex/elastane to provide stretch</li></ul>	
<ul style="list-style-type: none"><li>• Reinforced hole in toe to accommodate for pin on locking liner that prevents fraying of material</li></ul>	

## CLIN DESCRIPTION

### **0036 PROSTHETIC SOCK WITH MOISTURE-WICKING FABRIC (L8420/L8430)**

#### Indications:

- Used to maintain fit of transtibial and transfemoral prostheses

## CLIN DESCRIPTION

### **0036 PROSTHETIC SOCK WITH MOISTURE-WICKING FABRIC (L8420/L8430)**

Draft Minimum Technical Requirements: Item must have all of the below features.	
<ul style="list-style-type: none"><li>• Available in:<ul style="list-style-type: none"><li>• 3 ply thickness</li><li>• 5 ply thickness</li></ul></li></ul>	

<ul style="list-style-type: none"> <li>• Available in length range of 8"-16" (2" increments) <ul style="list-style-type: none"> <li>• 8"</li> <li>• 10"</li> <li>• 12"</li> <li>• 14"</li> <li>• 16"</li> <li>• OR SIMILAR LENGTHS</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Size: <ul style="list-style-type: none"> <li>• Narrow Short -(size 0,10-12" length)</li> <li>• Narrow Regular -(size 0,14-16" length)</li> <li>• Medium Short -(size 1-2, 10-12"length)</li> <li>• Medium Regular -size 1-2, 14-16" length)</li> <li>• Wide Short -(Size 3-4, 10-12" length)</li> <li>• Wide Medium -(Size 3-4, 14-16" length)</li> <li>• OR EQUIVALENT SIZES</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Machine washable</li> </ul>
<ul style="list-style-type: none"> <li>• Moisture-wicking fabric or equal and polyester blend with ability to wick moisture away from limb</li> </ul>

#### CLIN DESCRIPTION

##### 0037 PROSTHETIC SOCK WITH HOLE IN TOE FOR SUSPENSION - MOISTURE-WICKING FABRIC (L8420/L8430)

#### Indications:

- Used to maintain fit of transtibial and transfemoral prostheses

#### CLIN DESCRIPTION

##### 0037 PROSTHETIC SOCK WITH HOLE IN TOE FOR SUSPENSION - MOISTURE-WICKING FABRIC (L8420/L8430)

Draft Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"> <li>• Available in: <ul style="list-style-type: none"> <li>• 3 ply thickness</li> <li>• 5 ply thickness</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Available in length range of 8"-16" (2" increments) <ul style="list-style-type: none"> <li>• 8"</li> <li>• 10"</li> <li>• 12"</li> <li>• 14"</li> <li>• 16"</li> <li>• OR SIMILAR LENGTHS</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>• Size: <ul style="list-style-type: none"> <li>• Narrow Short -(size 0,10-12" length)</li> <li>• Narrow Regular -(size 0,14-16" length)</li> <li>• Medium Short -(size 1-2, 10-12"length)</li> <li>• Medium Regular -size 1-2, 14-16" length)</li> <li>• Wide Short -(Size 3-4, 10-12" length)</li> <li>• Wide Medium -(Size 3-4, 14-16" length)</li> <li>• OR EQUIVALENT SIZES</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Machine washable</li> </ul>
<ul style="list-style-type: none"> <li>• Moisture-wicking fabric or equal and polyester blend with ability to wick moisture away from limb</li> </ul>
<ul style="list-style-type: none"> <li>• Reinforced hole in toe to accommodate for pin on locking liner that prevents fraying</li> </ul>

#### **CLIN DESCRIPTION**

##### **0038 BARRIER PROSTHETIC SOCK (L8400)**

#### **Indications:**

- Used directly against skin underneath suspension liner to protect sensitive skin from excessive shear forces

#### **CLIN DESCRIPTION**

##### **0038 BARRIER PROSTHETIC SOCK (L8400)**

Draft Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"> <li>• Thickness equivalent to 1 ply sock or thinner</li> </ul>
<ul style="list-style-type: none"> <li>• Available in length range of 8"-16" (2" increments) <ul style="list-style-type: none"> <li>• 8"</li> <li>• 10"</li> <li>• 12"</li> <li>• 14"</li> <li>• 16"</li> <li>• OR SIMILAR LENGTHS</li> </ul> </li> </ul>



<ul style="list-style-type: none"> <li>• Size: <ul style="list-style-type: none"> <li>• Narrow X-Short – sock size B, 0: with 8” - 12” length</li> <li>• Narrow X-Short – sock size B, 0: with 10” - 14” length</li> <li>• Regular XX-Short – sock size 1, 2; with 6” – 10” length</li> <li>• Regular X-Short – sock size 1, 2: with 8” – 12” length</li> <li>• Regular Short – sock size 1, 2: with 10” – 14” length</li> <li>• Regular Medium – sock size 1, 2; with 16” – 20” length</li> <li>• Wide Short – sock size 3+; with 10” – 14” length</li> <li>• Wide Medium – sock size 3+; with 16” – 20” length</li> <li>• OR EQUIVALENT SIZES</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Machine washable</li> </ul>
<ul style="list-style-type: none"> <li>• Spandex and polyester blend to allow moisture wicking and limb shape compliance</li> </ul>

#### CLIN DESCRIPTION

##### **0039 TRANSTIBIAL NYLON SHEATH (L8400)**

#### Indications:

- Used directly against skin to control shear, aid in skin care, and thermal control

#### CLIN DESCRIPTION

##### **0039 TRANSTIBIAL NYLON SHEATH (L8400)**

Draft Minimum Technical Requirements: Item must have all of the below features.	
<ul style="list-style-type: none"> <li>• Sizes: <ul style="list-style-type: none"> <li>• Short</li> <li>• Medium</li> <li>• Long</li> <li>• OR EQUIVALENT SIZES</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Machine washable</li> </ul>	
<ul style="list-style-type: none"> <li>• Majority of synthetic material (i.e. spandex/polyester/nylon) blended with other synthetic and natural fibers to allow moisture wicking/transport</li> <li>• Material should provide limb shape compliance</li> <li>• Low coefficient of friction to decrease shear forces</li> </ul>	

#### CLIN DESCRIPTION

##### **0040 TRANSTIBIAL VARIABLE COMPRESSION SHRINKER WITH SILVER (L8440)**

#### Indications:

- Pre-prosthetic limb shaping; volume management of transtibial residual limb with variable compression

## CLIN DESCRIPTION

### 0040 TRANSTIBIAL VARIABLE COMPRESSION SHRINKER WITH SILVER (L8440)

Draft Minimum Technical Requirements: Item must have all of the below features.	
	<ul style="list-style-type: none"><li>• Distal and proximal stitched ends</li></ul>
	<ul style="list-style-type: none"><li>• Non-compressive, non-constrictive proximal end, less than remaining shrinker</li></ul>
	<ul style="list-style-type: none"><li>• Non-tapered</li></ul>
	<ul style="list-style-type: none"><li>• Sizes:<ul style="list-style-type: none"><li>• Short</li><li>• Medium</li><li>• Long</li><li>• OR EQUIVALENT SIZES</li></ul></li></ul>
	<ul style="list-style-type: none"><li>• Machine washable</li></ul>
	<ul style="list-style-type: none"><li>• Antimicrobial feature to assist in moisture wicking and to improve hygiene</li></ul>
	<ul style="list-style-type: none"><li>• Spandex and polyester blend to allow variable compression at 20 to 40mmHg<ul style="list-style-type: none"><li>• Medium Compression – 20 mmHg – 30 mmHg</li><li>• Heavy Compression – 30 mmHg – 40 MmHg</li><li>• OR EQUIVLENT COMPRESSION RANGES</li></ul></li></ul>
	<ul style="list-style-type: none"><li>• Two way stretch elasticity</li></ul>

## CLIN DESCRIPTION

### 0041 TRANSTIBIAL COMPRESSION SHRINKER (L8440)

Indications:

- Pre-prosthetic limb shaping
- Volume management of transtibial residual limb

## CLIN DESCRIPTION

### 0041 TRANSTIBIAL COMPRESSION SHRINKER (L8440)

Draft Minimum Technical Requirements: Item must have all of the below features.	
	<ul style="list-style-type: none"><li>• Distal and proximal stitched ends</li></ul>
	<ul style="list-style-type: none"><li>• Non-compressive, non-constrictive proximal end, less than remaining shrinker</li></ul>
	<ul style="list-style-type: none"><li>• Non-tapered</li></ul>

<ul style="list-style-type: none"> <li>Sizes: <ul style="list-style-type: none"> <li>Short</li> <li>Medium</li> <li>Long</li> <li>OR EQUIVALENT SIZES</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Machine washable</li> </ul>
<ul style="list-style-type: none"> <li>Spandex and polyester blend to allow variable compression at 20 to 40mmHg <ul style="list-style-type: none"> <li>Medium Compression – 20 mmHg – 30 mmHg</li> <li>Heavy Compression – 30 mmHg – 40 MmHg</li> <li>OR EQUIVLENT COMPRESSION RANGES</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Two way stretch elasticity</li> </ul>

## CLIN DESCRIPTION

### 0042 TRANSFEMORAL COMPRESSION SHRINKER (L8460)

#### Indications:

- Pre-prosthetic limb shaping
- Volume management of transfemoral residual limb with compression
- Hip belt for suspension

## CLIN DESCRIPTION

### 0042 TRANSFEMORAL COMPRESSION SHRINKER (L8460)

Draft Minimum Technical Requirements: Item must have all of the below features.
<ul style="list-style-type: none"> <li>Sizes: <ul style="list-style-type: none"> <li>Short</li> <li>Medium</li> <li>Long</li> <li>Extra Long</li> <li>OR EQUIVALENT SIZES</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Machine washable</li> </ul>
<ul style="list-style-type: none"> <li>Non-compressive, non-constrictive proximal end, less than remaining shrinker</li> </ul>
<ul style="list-style-type: none"> <li>Spandex and polyester blend to allow variable compression at 20 to 40mmHg <ul style="list-style-type: none"> <li>Medium Compression – 20 mmHg – 30 mmHg</li> <li>Heavy Compression – 30 mmHg – 40 MmHg</li> <li>OR EQUIVLENT COMPRESSION RANGES</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Two way stretch elasticity</li> </ul>
<ul style="list-style-type: none"> <li>Must have hip belt to aid in suspension</li> </ul>

## CLIN DESCRIPTION

### **0043    TRANSTIBIAL/TRANSFEMORAL SINGLE PLY SOCK WITHOUT HOLE** **(L8470/L8480)**

Indications:

- Spacer Sock

## CLIN DESCRIPTION

### **0043    TRANSTIBIAL/TRANSFEMORAL SINGLE PLY SOCK WITHOUT HOLE** **(L8470/L8480)**

Draft Minimum Technical Requirements: Item must have all of the below features.	
<ul style="list-style-type: none"><li>• Available in length:<ul style="list-style-type: none"><li>• 12"</li><li>• 15"</li><li>• OR SIMILAR LENGTHS</li></ul></li></ul>	
<ul style="list-style-type: none"><li>• Width of:<ul style="list-style-type: none"><li>• Medium</li><li>• Wide</li><li>• OR EQUIVALENT WIDTHS</li></ul></li></ul>	
<ul style="list-style-type: none"><li>• Cotton/Spandex/Elastic component (non-latex)</li></ul>	
<ul style="list-style-type: none"><li>• Non-tapered</li></ul>	
<ul style="list-style-type: none"><li>• Low profile distal seam</li></ul>	

## CLIN DESCRIPTION

### **0044    TRANSTIBIAL/TRANSFEMORAL SINGLE PLY SOCK WITH REINFORCED HOLE** **(L8470/L8480)**

Indications:

- Spacer Sock

## CLIN DESCRIPTION

### **0044    TRANSTIBIAL/TRANSFEMORAL SINGLE PLY SOCK WITH REINFORCED HOLE** **(L8470/L8480)**

Draft Minimum Technical Requirements: Item must have all of the below features.
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<ul style="list-style-type: none"> <li>• Available in length:             <ul style="list-style-type: none"> <li>• 12"</li> <li>• 15"</li> <li>• OR SIMILAR LENGTHS</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Width of:             <ul style="list-style-type: none"> <li>• Medium</li> <li>• Wide</li> <li>• OR EQUIVALENT WIDTHS</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Cotton/Spandex/Elastic component (non-latex)</li> </ul>
<ul style="list-style-type: none"> <li>• Non-tapered</li> </ul>
<ul style="list-style-type: none"> <li>• Low profile distal seam</li> </ul>
<ul style="list-style-type: none"> <li>• Reinforced hole is sufficient to prevent fraying</li> </ul>